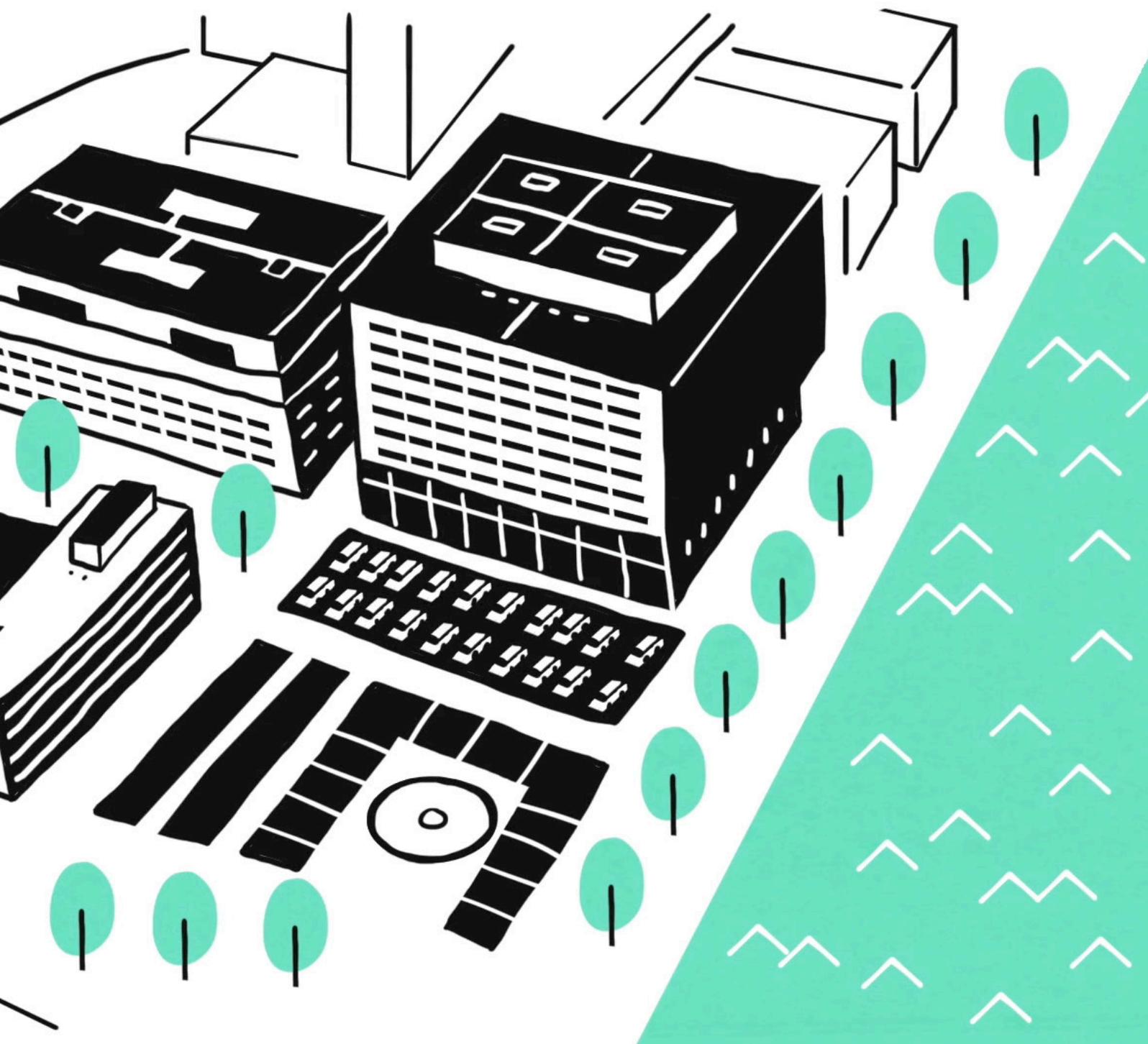


# Pioneering an Arts Based Learning Programme at Guy's and St Thomas' NHS Foundation Trust 2014-2017

SUMMARY EVALUATION REPORT



# Pioneering an Arts Based Learning Programme at Guy's and St Thomas' NHS Foundation Trust 2014-2017

This report is a summary of the evaluation conducted by Anna Jones and Gabriel Reedy, King's Learning Institute. Data analysis by Julie Brown.

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## 1. OVERVIEW

The Pioneering an Arts Based Learning Programme project was a collaboration between Performing Medicine (PM) and the Simulation and Interactive Learning Centre (SaIL), at Guy's and St Thomas' NHS Foundation Trust (GSTT), running between 2014 and 2017. It was led by Dr. Suzy Willson, Director of Performing Medicine and Dr. Peter Jaye, Emergency Medicine Consultant at GSTT. The project was funded by Guy's and St Thomas' Charity, who were interested in supporting innovative ways to enhance compassionate healthcare. Over three years, the project designed and delivered eight new one or two-day inter-professional training courses for staff at the Trust, some of which were delivered multiple times. In addition, a new framework for compassionate care and patient safety called *Circle of Care* was designed and used in all training activities.

### A) COLLABORATORS

Performing Medicine is performance company Clod Ensemble's award-winning professional development initiative for health professionals and medical students. Sessions are delivered by leading artists who help health professionals to use their bodies and voices for effective communication; to become more aware of their own needs as well as those of the people around them; and to appreciate the stories and experiences of others. Since 2001 Performing Medicine has worked with over 14,000 health professionals and students and has long-standing partnerships with NHS Trusts and Higher Education Institutions. Performing Medicine is recognised as a sector leader in Arts in Health Education, cited as an example of best practice in the 2017 report from the All-Party Parliamentary Group on Arts, Health and Wellbeing, has been awarded the Times Higher Award for Excellence and Innovation and has been written about widely, including articles in the Guardian, Medical Education, Medical Humanities and the Telegraph.

The Simulation and Interactive Learning Centre at GSTT is leading the way in simulation based education. The team includes multi-professional facilitators that use State-of-the-Art facilities to deliver high quality education and training. Health professionals can participate in clinical simulation programmes focussed on patient safety and Human Factors, as well as advanced clinical skills training.

### B) PROJECT OUTPUTS

#### Over the three years, the project delivered:

- 8 training courses reaching 322 health professionals
- A public engagement programme - Art of Healthcare, reaching an additional 503 health professionals
- A new framework for compassionate care: *Circle of Care*.
- A faculty development programme for staff from both SaIL and PM
- A further year of funding from Guy's and St Thomas' Charity to embed the *Circle of Care* framework and courses at Guy's and St Thomas' Foundation Trust

## In Summary

OVER **3** YEARS  
THE PROJECT  
DELIVERED:

**8**  
TRAINING COURSES  
REACHING  
**322**  
HEALTH PROFESSIONALS

A  
NEW FRAMEWORK  
FOR  
COMPASSIONATE CARE:  
**Circle of Care**

A PUBLIC ENGAGEMENT  
PROGRAMME -  
ART OF HEALTHCARE  
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**503**

HEALTH PROFESSIONALS

A further year  
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FROM GUY'S AND ST THOMAS'  
CHARITY TO EMBED THE

Circle of Care  
framework  
& courses

AT GUY'S AND ST THOMAS'  
FOUNDATION TRUST

A faculty  
development  
programme

FOR STAFF FROM BOTH SAIL &  
PERFORMING MEDICINE

### C) CIRCLE OF CARE

*Circle of Care* was a major outcome of this work; a framework to help healthcare professionals think about, practice and demonstrate the skills required for high quality compassionate, safe care. *Circle of Care* acknowledges that there is a relationship between the wellbeing of staff and of patients – and integrates ideas from the arts and human factors to identify a set of practical skills to help staff to remove the obstacles in the way of caring for patients, colleagues and themselves. *Circle of Care* also serves to articulate a powerful role for the arts and collaboration with artists in the education and training of healthcare professionals.

*Circle of Care* has been communicated across Guy's and St Thomas' NHS Foundation Trust, King's Health Partners and to a range of external organisations, including the British Medical Association and Health Education England. An event launching *Circle of Care* was attended by senior policy leaders in both the health and arts sectors, with keynotes given by the then Minister for Culture, Ed Vaizey, and by Ian Abbs, Chief Medical Officer at GSTT. The framework has been disseminated at national and international conferences, was written about in the Lancet and featured as an example of best practice in the 2017 report from the All Party Parliamentary Group on Arts, Health and Wellbeing.

As a result of this project, further funding for a development project *Circle of Care* – embedding an arts based professional development programme at GSTT – was secured for 2017-18. This is a further collaboration between Guy's and St Thomas' NHS Foundation Trust (GSTT) and Performing Medicine, and is funded by Guy's and St Thomas' Charity and led by Dr Suzy Willson, Director of Performing Medicine, Dr Peter Jaye, Peter Jaye, Consultant in Emergency Medicine at GSTT, and Mark Hudson, Deputy Director of Workforce at GSTT.

### D) SUMMARY OF FINDINGS

The Pioneering an Arts Based Learning Programme project has developed new models of training and education that are positive and well-received by participants, as evidenced by the data that will be presented in the evaluation report.

This summary evaluation report describes the results of the evaluation of the Pioneering an Arts Based Learning Programme, and has two elements: the pre- and post questionnaires done immediately before and after each course, and follow up interviews with participants on each course.

The feedback from participants was overwhelmingly positive. They reported that courses were challenging, relevant and provided significant learning opportunities. As can be expected there were a few participants for whom the content and or style of the programme was not suitable or relevant.



**From the survey data overall, participants reported that the course:**

- Helped them to understand the meaning of self-care
- Helped them to understand the role of self-care in their professional lives
- Helped them to understand the impact of self-awareness on communication
- Added to their set of communication techniques
- Gave them a greater understanding of the ways their actions affect patients
- Gave them a greater understanding of the ways their actions affect colleagues
- Added to their set of practical techniques to make interactions with patients more positive
- Added to their set of practical techniques to make interactions with colleagues more positive

**Percentages on page 5 show number of participants that agree, strongly agree, or totally agree with the statements listed.**

The evaluation data from the participants, both the pre-and post-course surveys, and the in-depth follow-up interviews suggest that the courses were well received and that between three and six months after the courses participants had changed their behaviour to some extent or were still reflecting upon what they had learnt. Among participants who were positive about the programme (the vast majority), they reported that not only did they aim to look after themselves better but they had learnt new communication skills and that this had a positive effect on working with colleagues, with patients and their own well-being.

However, many did add that while the course had been very positive, there were barriers, including time and persistence. Participants reported enthusiasm for a different approach, and for an approach that took account of their own needs. Consequently, this programme has started to enable the staff who attended to think about their own wellbeing and to address it in ways that are relatively (but not entirely) manageable in a busy working schedule, to think about how they communicate and to have a new toolkit of skills upon which they can draw.

The development team reported that the courses had been a success. Each group involved (Performing Medicine, SaIL and the evaluation team) had different demands on their time, as well as different pressures, working cultures, assumptions and agendas; which meant that members of all teams spoke of challenges of understanding the ways of thinking of the partner group since each came from such different backgrounds. Both the SaIL team and the Performing Medicine team reported that they had learnt a great deal from the collaboration, which had given them the opportunity to work in different ways. From the perspective of the evaluation, based on ethnographic observations and in-depth interviews with the development team, one of the great strengths of the project was that it was not tied to a very fixed set of objectives but that it was organic, and so developed a conceptualisation of the issue and the best approach to tackling it in an unfolding way, responding to discussions between the team and the needs of participants. In the same way, the courses could be modified and developed as the team's understanding of the process deepened.

The evaluation of the project was undertaken by Dr Gabriel Reedy and Dr Anna Jones from King's College London, with assistance from Julie Brown from Glasgow Caledonian University. The full evaluation report includes data relating to all aspects of the programme design, development, and delivery; a selection of data from the report are presented here.

## 2. EVALUATION PLAN & DESIGN

### A) APPROACH & AIMS

A complete evaluation of the Pioneering Arts Based Learning project was undertaken over the three years of the programme. The evaluation used the Most Significant Change (MSC) approach to project evaluation (Dart & Davies, 2003), which seeks to draw out the change underlying the intervention and to explore what the most significant change is, how that change has occurred, what the implications are going forward. Change here is understood as change in the ways in which the participants on the project changed either their reported thinking or behaviour and the ways in which the development team changed in their thinking over the course of the project.

This project evaluation:

- Explores the extent to which participants on the project change their thinking and clinical practice
- Describes the collaboration and the development process
- Considers future possibilities of the project

The evaluation designed included ethnographic observation, to enable the evaluation team to understand the nature of the project; review of the literature; pre- and post-course questionnaires; follow up interviews with participants (one to six months after participation in courses); and interviews with the development team.

The evaluation was designed to capture two elements of the project: both the impact of the entire programme of eight courses, through a set of generic questions included in the pre- and post-course questionnaires, through the qualitative survey questions, and through follow-up interviews; and the individual impact of each of the eight courses, through a set of bespoke questions included on the survey for each course.

### B) DATA COLLECTION

#### i) SURVEYS

Participants on all courses were given pre-course questionnaires which they filled out before the course; and post-course questionnaires filled out immediately at the end of the course.

The surveys consisted of:

- **Generic questions** (quantitative) which appeared on all surveys for all the courses; with matching questions on both pre and post course, aiming to capture common themes / outcomes across all the courses
- **Bespoke questions** (quantitative) designed specifically for the learning objectives of each individual course, with matching questions on both pre and post course.

• **Qualitative questions:**

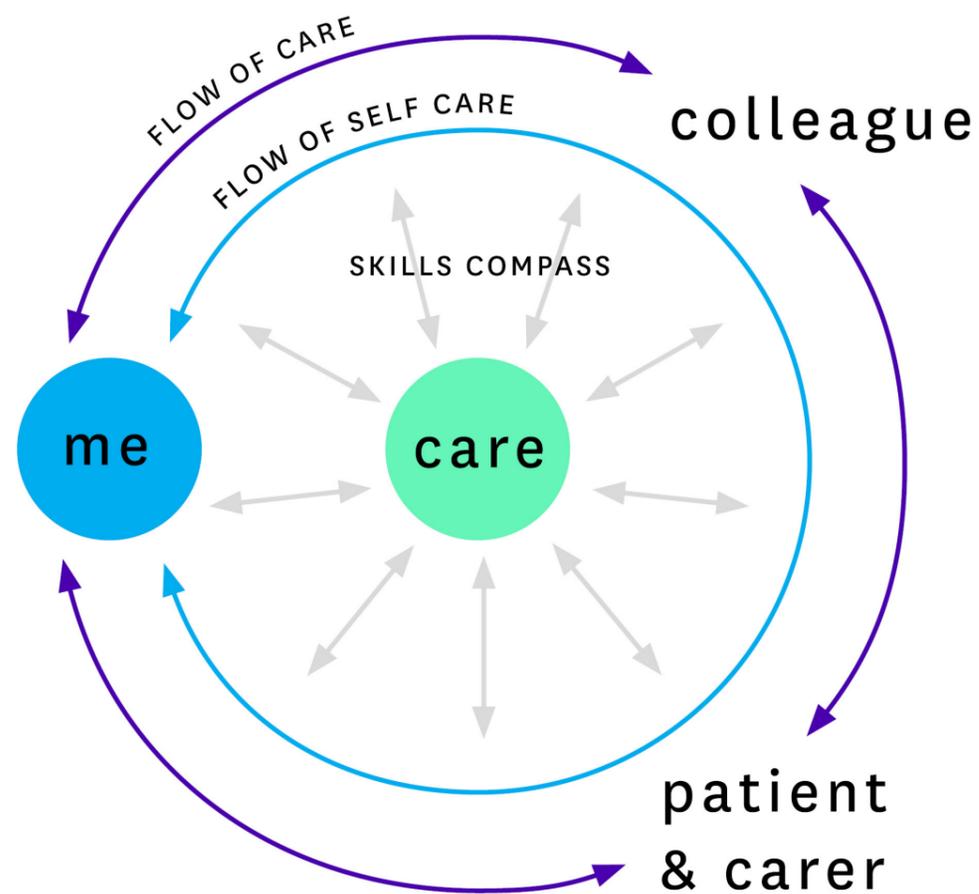
- Three things participants learnt during courses
- Specific things learnt on courses which participants will bring back to work places
- Improvements to the programme

ii) **INTERVIEWS**

A sample of participants also gave follow up interviews one to six months after participation. The interview data is not separated course-by-course, but gives an impression of the impact of the whole programme. Interviews were also conducted with the project team throughout the development and delivery process; this data is available in the full evaluation report but is not presented here.

**C) ETHICS**

Minimal-risk ethics clearance was gained to ensure that the work was completely compliant with ethics requirements.



THE CIRCLE OF CARE DIAGRAM

### 3. EVALUATION FINDINGS

The evaluation findings are presented in two parts:

• **Part 1: Impact of the programme as a whole**

- Generic survey questions
- Qualitative survey questions
- Post course follow-up interviews

• **Part 2: Impact of each of the eight courses individually**

- Bespoke survey questions

Eight full-day or two-day courses were delivered between 2014-2017; and some were delivered more than once.

**A) PART 1: IMPACT OF THE PROGRAMME AS A WHOLE**

The data shows that the programme as a whole has led to increased awareness, knowledge and skills in self-care and communication for participants, that should lead to better self-care and communication in practice. Most areas of enquiry saw an increase in positivity following the course, suggesting that participation in the course was beneficial for participants. In particular, there was a 27% increase in participants who said they had a good set of practical techniques to make interactions with colleagues more positive after participation in the course. However, 'having a good understanding of the way one's actions affects patients' saw a slight decline after the course (-6%). Overall and on average most participants noted a positive increase in their perception of their skills (regardless of which course) after course attendance.

The findings clearly indicate that for the vast majority of participants, as reflected in responses immediately after the courses and persisting for months afterward, there was a perception that the courses were valuable learning experiences that contributed to their overall wellbeing and their work of patient care. As such, the programme had a positive overall impact on the individuals who participated in the courses. The positive impact on individuals seemed somewhat tempered by time pressures and other systemic issues in the delivery of front-line NHS services at a busy teaching hospital trust, which participants in the longitudinal impact interviews indicated kept them from carrying through on their intentions to fully integrate new techniques into their working practices. The success in terms of participant learning and satisfaction was a reflection of the largely positive experience in jointly developing and delivering the courses, a process which surfaced challenges around different approaches and ways of working associated with very different fields (healthcare and the performing arts) and different professional identities within those fields (e.g. managers, administrators, artists, nurses, doctors). The evaluation clearly shows that such collaboration is not only possible, but because of its many benefits, is also desirable and should be developed and continued.

## I) SURVEY DATA: GENERIC QUESTIONS

The following chart shows overall averages across all courses for a set of generic questions asked pre and post each course. 193 (n193) participants' data from the pre-questionnaires has been included. 180 (n180) participants' data from the post-questionnaires has been included. It examines the overall increase (or decrease) in positive responses following the courses.

## II) QUALITATIVE SURVEY QUESTIONS

Qualitative responses backed up these findings, with the majority of students citing self-care and self-awareness, managing stress, communication and team work as the main skills they took away from the course. They also cited the value of the *Circle of Care* framework, and sharing of knowledge and teamwork with colleagues as key things they had learnt. Specific arts based exercises were also mentioned, including the Rainbow of Desire, which is a reflection tool; and the Seven States of Tension, which explores participants' physical awareness. These same areas were also reflected in what participants felt they would take back to their clinical workplaces; with the addition of 'coping techniques'

Responding to the question – 'What could we do to improve today's programme?' - overall, the majority of post course questionnaire participants noted they were exceptionally positive about the coordination, staffing and actual programme of activities on the courses. An overall analysis of all qualitative feedback in relation to improvements however, highlighted a need for improved timing, materials/resources, and signposting.



### III) POST COURSE INTERVIEWS

A total of 34 individuals were interviewed or responded to the open-ended survey for this section of the evaluation. Towards the end of the project, saturation was fairly quickly achieved and similar comments were recurring with great frequency. Participants were interviewed or responded to identical survey questions between three and six months after doing the course in question. The focus of the questions for these follow up interviews was what had changed (either in thinking or practice) as a result of having attended these courses.

Overall the participants who agreed to participate in this element of the evaluation were very positive, with a few exceptions. It could be argued that since participants were self-selecting they may tend to be positive, however, some participants stated that they had agreed to be involved because they had concerns and so had sought out the opportunity to express them. The overall positive reaction to the courses expressed in the follow up interviews is also reflected in the pre and post questionnaire analysis. Thus it appears that the positive view of the course immediately afterwards is sustained in the months that followed.

For the participants who took part in the post course follow up interviews, the key strengths were that they had developed their communication skills (and in particular their understanding of non-verbal communication), that they had developed their understanding of other points of view and priorities and that they had developed their understanding of emotions and their impact – both on themselves as well as others. Gaining an insight into their own needs and the needs of others made them better able to cope in a pressurised work environment. These participants appreciated the course delivery, its unique nature, the fact that it was ‘hands on’ and that it was challenging and different. The other side of the coin is that those participants who were negative did not like the delivery style.

#### WHAT HAS CHANGED FOR PARTICIPANTS AS A RESULT OF THE PROGRAMME?

Participants speak of a different way of behaving as a result of the programme. They talk of thinking more before they act or speak. Others spoke of taking more time to listen:

**I take a couple of seconds, I don't get so defensive. I respond in a more neutral way.**

**I take a minute, stop. Listen to the patient – rather than go into problem solving mode.**

One of the most powerful changes was a reminder to stop before communicating with both patients and colleagues. Many participants agreed that they now took time to think, take a breath or listen and that this helped to calm them down or to prevent misunderstandings and promote communication.

For others the most powerful change was permission to consider the emotional aspect of a situation. Participants said that the course had enabled them to start thinking about and asking, ‘how do you feel about this?’ They reported that they were now more prepared to talk about how they felt and to encourage others to do the same.

**I do think more about the emotional perspective and the fall out of emotion.**

**I ask people how they feel. I'm more ok with this now I think.**

They were also more aware of non-verbal communication and aware of their bodies and posture and the effect that this can have both on them and others.

**Thinking about strategies for communicating, body language, tone of voice. And that posture can give you spark, change how you are perceived and how you feel.**

**Now I think about how my posture or my facial expressions might affect others.**

**When I go into a room or go to speak to someone I think more about, you know, that body language stuff. Or I try to.**

**I think I slow down a bit now. Not, you know, slow. But I am more aware, I look around, I see others.**

Another reported change as a result of the programme is that participants were more prepared to start thinking about what is going on in people's lives and how this might impact on their work.

**I am now more aware of what is going on for people. At work and outside work. And how that can affect people.**

Another change was that participants were more aware of their own physical wellbeing and wherever possible tried to address this.

**I stop, I try and take five minutes if I can. Or ten.**

**I am more aware of what I need. If I need to go to the bathroom or maybe have a sandwich or a drink. I try to think about this now. Maybe it has given me permission to think about this.**

A final change, reported by some participants was that they were more aware of other people, or different perspectives, different priorities or points of view.

**I think I see other people's point of view a bit better now. Or I think about it. I think I understand, they are doing this because they have other things going on. Or, or they are a bit slow because they are busy or tired or whatever.**

Yet while the courses had started them thinking about and beginning to communicate about emotions, self-care and the care of others, participants felt that this was only the beginning and that they needed much more training and support in how to deal with and communicate at this level. Many agreed that one course, valuable though it was, would not be sufficient to deal with the issue in an ongoing and systematic way.

We really need more training in this, how to consider and address how people feel – particularly other colleagues.

We need more leadership training. From the top down. Really leading and understanding. Not pushing your own trolley.

If someone has an emotional issue, all we ever say is ‘go and see a counsellor’. So we don’t have the skills or the ability – we have a process and that is to remove the problem from our responsibility. We don’t think about ‘how does this make people feel’ or ‘how will this impact on the next issue’. We have such a strong set of policies and procedures. But we do not know how this impacts on people’s emotions. Or how to deal with things.

#### WHAT HAS PROMPTED THIS CHANGE?

Participants described elements of the courses as ‘odd’, ‘shocking’ or ‘challenging’ but for most this was in a positive way. Because the approach was very different from what they were used to they were forced to think in different ways:

**The courses were a bit shocking, it was a different approach because it was arts based. People got surprised and upset but it pushed them out of their comfort zone. That is a good thing.**

**It was a bit odd, all that dancing around and talking about emotions. That is not what people are used to in a clinical context, not what we usually do in healthcare training. It was not clinical but it was really useful. We dissected feelings and that was really helpful. And to understand that feelings can be in different parts of the body. It was helpful to think about how you respond; how powerful emotions are. It made me realize we all feel things.**

Participants described (in different interviews) the scenario-based learning, coaching, role play and actors as particularly valuable because it enabled them to think about issues in ways that were contextual. They said that it was useful because they could imagine being in that situation and how they might react, or think about times when they had been in similar situations. Moreover, when thinking about communication, one’s own well-being and the well-being of others it was helpful to see how this unfolded in a ‘real’ scenario or example or role-play.

**Role play is great. And key to the success of the course. Not everyone likes it. Some people hate it. But it was good.**

The actors were great.

The scenario based stuff was helpful – putting people in challenging situations, presenting a challenging issue. In a mixed group with people from different places it can be more difficult to open up with sensitive stuff.

Yet this approach also opened up questions that, at least at the time of interview remained unanswered for one particular participant:

Dealing with emotions is difficult in hierarchical systems. You have to do as you are told and sometimes I find that a struggle. It is difficult when you know that the person telling you what to do is wrong, they are not always right. And there are sometimes situations where the person telling you what to do can be belittling or humiliating. In healthcare, people can feel belittled.

#### STRENGTHS

The key strength of the programme as identified by the participants is that it enabled them to see other perspectives, to work with different people, think about different ways of communicating, gain insights into other people’s priorities and point of view. This was enabled by a number of factors including the interdisciplinary/interprofessional nature of some of the courses, the new techniques and the new focus. For some the *Circle of Care* was very helpful in allowing them to think about their job in new ways and affirming why they do their job.

From the perspective of the participants interviewed, the greatest strengths of the courses are that they are interactive and ‘hands on’ that they are well led, they provide an opportunity to discuss things with colleagues and see other perspectives and they provide a valuable opportunity to reflect.

The design of the course around physical exercises, relaxation techniques, scenarios, role play or simulation in various combinations was appreciated by the participants:

**It was a unique course, I liked the way we tackled the scenario, the variety of skill sets we learnt.**

**The scenario based stuff was great.**

**I found it extremely useful to have attended this course. I think it is really important for doctors and other professionals engaged in highly stressful jobs to be given this opportunity so they can reflect on their practice.**

**Very hands on, interactive, well led.**

Participants who attended interprofessional courses appreciated the way that this helped them to understand the needs of those they work with:

**[It was] interprofessional so, helped me think about what others need, what is going on from their end.**

**Multidisciplinary environment, different people, different ways of doing things, ways of communicating.**

**I see things through the eyes of others.**

**Being able to discuss things with colleagues on the course was very helpful**

**It was good to share experiences with other staff as it can sometimes feel that the challenges are yours alone.**

#### WHAT WERE THE PROBLEMS WITH THE COURSE?

A minority of participants interviewed were more critical, suggesting that they did not learn anything that would change either their thinking or their practice. These participants suggested that the courses were too 'common sense' or not sufficiently clinical. They suggested that some of the material was 'condescending' and that:

**Looking after yourself is nothing new. We know about this. You can learn this in a yoga class.**

**I have been practising self-care for a long time and so the course was nothing new.**

**I really didn't learn anything.**

For others, while it was helpful at the time, they either felt that they needed to attend more classes or the reality of life as a clinician meant that it was difficult to put what they had learnt into practice. Thus time – or the shortage of time was an issue in two senses. Participants needed more time on the courses and needed more time to implement what they had learnt:

**I feel that I really need more practice in order to master a different way of thinking and working.**

**Change is gradual and so it is difficult to pin any particular change to one course.**

**The course was too short.**

**It is difficult to implement something with just one day.**

**I need to do this more often, to really learn it I think. And senior people need to do it.**

A big issue for a number of people who were enthusiastic about the course was that even though they had really enjoyed it and felt they had learnt a great deal, three or six months after the course they were struggling to really use what they had learnt and felt that this was because they were under so much pressure at work.

**When you are on call and the phone goes at 1.00 and 3.00 and 5.00, when you are functioning on no sleep, when you are just on the go all the time, it is hard to really do something like this, properly. I mean even think about this.**

**The things we learnt on the course are positive but the day to day pressure and the nature of very challenging situations can mean that it is not always possible to put this into practice.**

**You can't do yoga when the bleeper is going.**

For others the course had some problems, either with the level, or with the way it was presented:

**It was not consultant level, a programme such as this needs to be delivered by a consultant, at consultant level.**

**I did not feel the presenters were listening or understood what I said.**

**I felt the presenters did not understand the financial pressures the NHS is under.**

**The presenters did not understand our pressures and gave us disapproving looks when we told them how we deal with pressure.**

A final concern was that while the people attending the course might learn and do things differently things may not really change if people in senior positions were not also learning.

**I don't know how this is going to work, if we don't do it top down.**

**I am not sure senior people reflect, really.**

**Unless senior people do this, and think about it, nothing is going to be any different, is it?**

#### SUGGESTIONS

Participants suggested a number of changes. Some would have liked more, for example a follow up session or a two day course. Others suggested that thinking about the scenarios before the course would have enabled them to engage better with them.

Others wanted to be challenged further:

**I would like to be pushed harder.**

**We need more concrete stuff that will really push people, something they can get their teeth into.**

**I would have liked more concrete strategies to deal with the barriers we create before and after stressful events.**

**B) PART 2: IMPACT OF INDIVIDUAL COURSES**

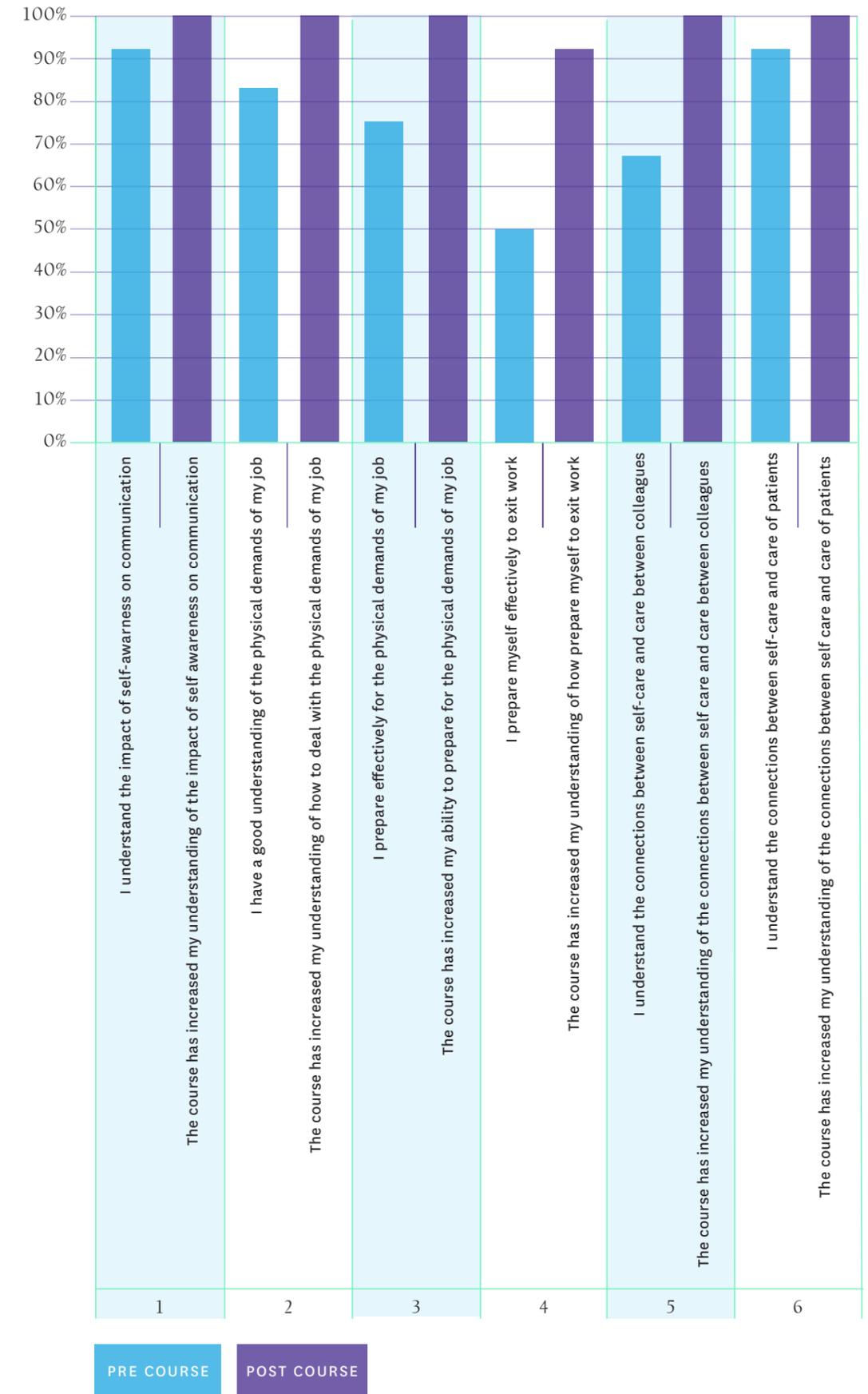
**i) TAKING CARE: ESSENTIAL SKILLS FOR LOOKING AFTER YOURSELF, YOUR TEAM AND YOUR PATIENTS (BASED ON PRE N44 AND POST N42)**

This one day course explores positive ways to revitalise life at work, improve channels of communication, build resilience and begin to create a more supportive working environment. It includes an introduction to the *Circle of Care* framework, exercises in self care and in non-verbal communication.

Participants: Interprofessional (Medical / Nursing / AHP / Nursing Assistants / Clerical Staff)

The opposite table shows pre- and post-course responses to a series of questions relating to Taking Care.

Participants on Taking Care reported that the course had helped them achieve an increased understanding and appreciation of all the concepts associated with the course learning outcomes. After the course, one hundred percent of participants agreed that they had an increased understanding of the impact of self-awareness on communication (up from 92% pre-course); of how to deal with the physical demands of their jobs (up from 83%); of how to prepare for the physical demands of their job (up from 75%); of the connections between self-care and care between colleagues (up from 67%); and of the connections between self-care and patient care (up from 92%). Similarly, after the course 92% of participants agreed that the course had increased their understanding of how to prepare themselves to leave work (up from 50%).



ii) MANAGING STRESS

(BASED ON PRE N42 AND POST N44)

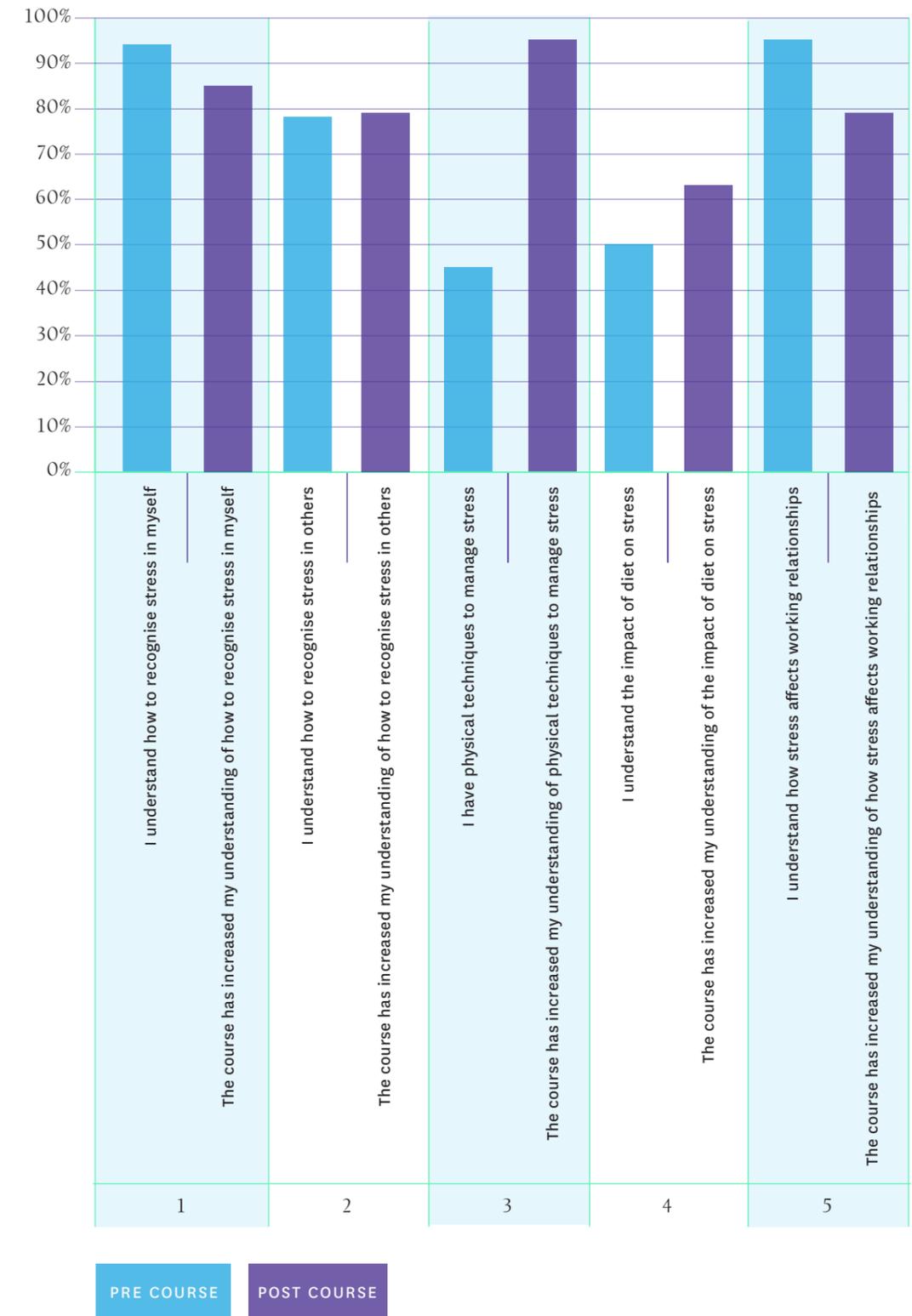
Participants are introduced to some basic exercises and relaxation techniques to further develop their physical awareness and help prepare for busy and stressful schedules. They investigate techniques to bring their bodies back to a more resourceful state after or during stress, developing ways in which to cope with the physical demands of working in healthcare.

In addition, they explore ways that body language and posture can enhance their ability to communicate effectively and confidently with others, and develop strategies to prioritise effectively.

Participants: Interprofessional (Medical / Nursing / AHP / Nursing Assistants / Clerical Staff)

The opposite table shows pre- and post-course responses to a series of questions relating to Managing Stress.

Participants on Managing Stress reported that the course had helped them achieve an increased understanding and appreciation of three of the primary course learning outcomes; two of the course learning outcomes were rated very highly by participants at the start and for those outcomes participants did not report an increased understanding as a result of the course. After the course, 95% of participants agreed that they had an increased understanding of physical techniques to manage stress (up from 45% pre-course); 63% agreed that they had an increased understanding of the impact of diet on stress (up from 50%); and 79% agreed that they had an increased understanding of how to recognise stress in others (up from 78%). Participants felt like they had a good understanding of how to recognise their own stress (94%) and how stress affects their working relationships (95%) prior to starting the course, and therefore fewer reported that the course had increased their already high levels of understanding of those areas (85% and 79% respectively).



iii) SKILFUL RESPONSE: MANAGING PRESSURISED CRITICAL SITUATIONS

(BASED ON PRE N42 AND POST N39)

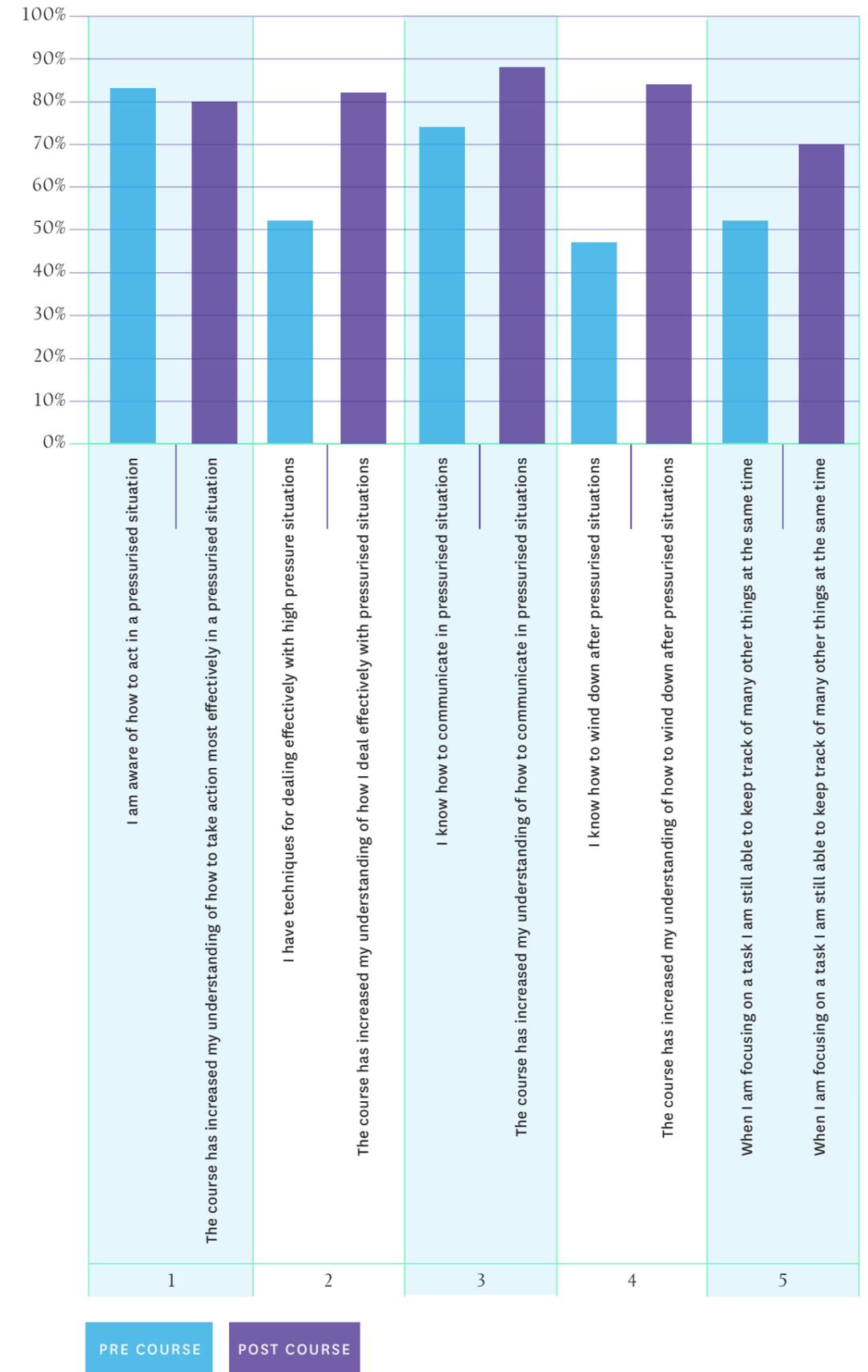
This course will use established methodologies from a range of disciplines to explore and practice ways of managing acute and critical scenarios effectively.

- Understand and practice the skills involved in responding to critical events effectively
- Practice methods of self-management to increase clarity, decisiveness and efficiency in difficult situations
- Learn to recognise and manage stress and stressors in yourself, your team and for patients

Participants: Medical /Nursing/AHP/ Nursing Assistants / All grades who are involved in critical clinical situations

The opposite table shows pre- and post-course responses to a series of questions relating to Skilful Response.

Participants on Skilful Response reported that the course had helped them achieve an increased understanding and appreciation of four of the primary course learning outcomes; one of the course learning outcomes was rated highly by participants at the start, so participants did not report an increased understanding as a result of the course. After the course, 82% of participants agreed that they had an increased understanding of how to deal effectively with pressurized situations (up from 52% pre-course); 88% agreed that they had an increased understanding of how they communicate in pressurised situations (up from 74%); 84% agreed that they had an increased understanding of how to wind down after pressurised situations (up from 47%); and 70% agreed that they were more confident in their ability to keep track of many things while focused on a task (up from 52%). Participants felt like they had a good awareness of how to act in a pressurised situation when starting the course (83%), and therefore fewer reported that the course had increased this already high level of awareness in this area (80%).



iv) MANAGING STRESS IN MENTAL HEALTHCARE SETTINGS  
(BASED ON PRE N12 AND POST N11)

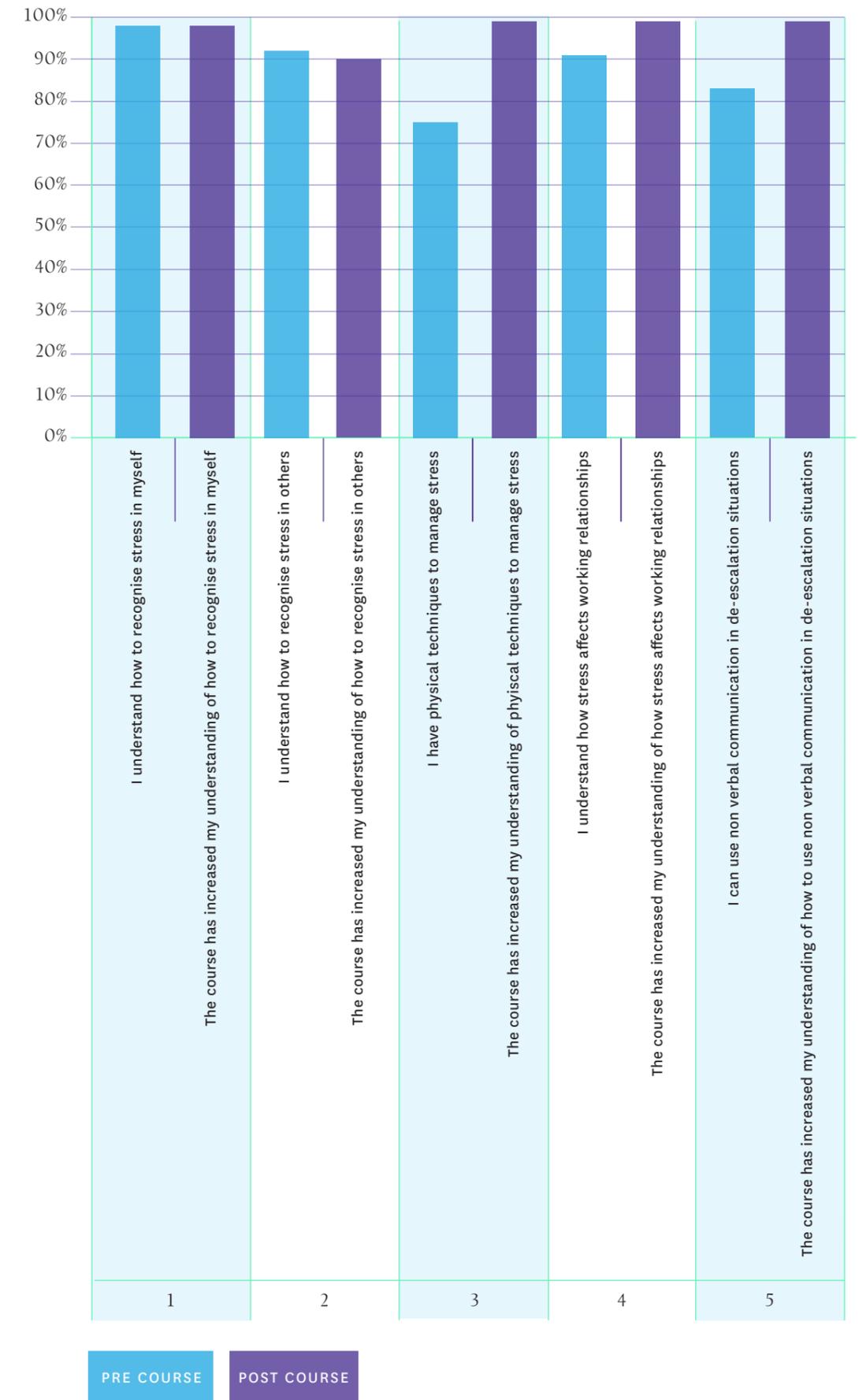
This course focuses on the wellbeing of staff, self-care and stress-management, and the particular challenges of working in Mental Healthcare settings.

In this course participants are introduced to some basic exercises and relaxation techniques to further develop their physical awareness and help prepare for busy and stressful schedules. In addition, they will explore ways that body language and posture can enhance their ability to communicate effectively and confidently with others, and develop strategies to prioritise effectively.

Participants: Medical / Nursing / AHP / Nursing Assistants / Clerical Staff

The opposite table shows pre- and post-course responses to a series of questions relating to the course.

Participants on Managing Stress reported that the course had helped them achieve an increased understanding and appreciation of three of the primary course learning outcomes; two of the course learning outcomes were rated very highly by participants at the start, and for those outcomes participants did not report an increased understanding as a result of the course. After the course, 99% of participants agreed that they had an increased understanding of physical techniques to manage stress (up from 75% pre-course); 99% agreed that they had an increased understanding of how stress affects their working relationships (up from 91%); and 99% agreed that they had an increased understanding of how to use non-verbal communication to de-escalate a situation (up from 83%). Participants felt like they had a very good understanding of how to recognise their own stress (99%) and how to recognise stress in others (92%) prior to starting the course, and therefore reported either no change or that the course had not increased their already high levels of understanding in those areas (99% and 90% respectively).



v) DEVELOPING RESILIENCE FOR CHANGE

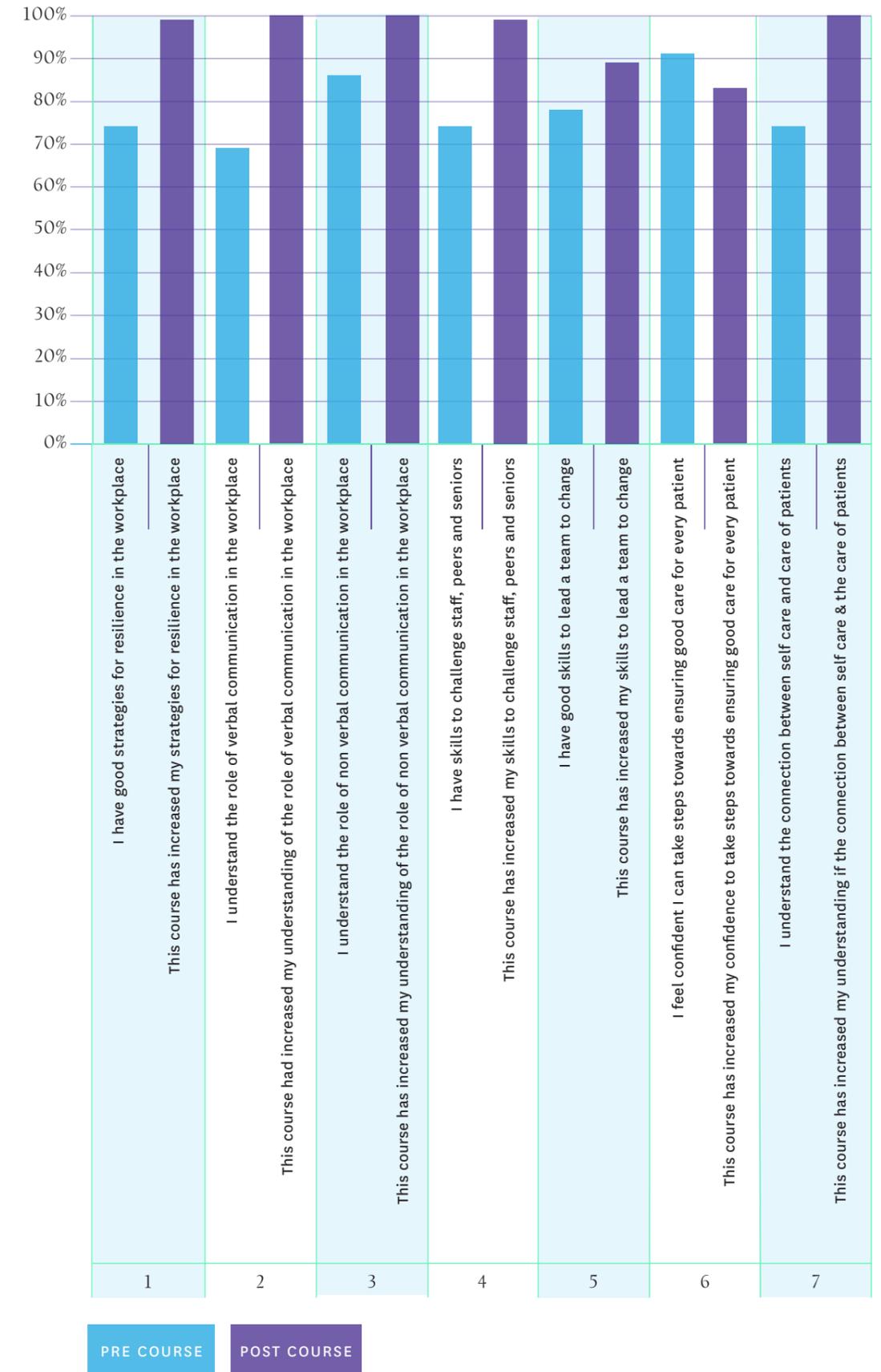
(BASED ON PRE N23 AND POST N18)

The course provides leaders and managers with an opportunity to explore how they currently lead and support others; create shared strategies for working within complex interprofessional and inter-organisational settings and for individuals to develop clear insights on how to effectively develop personal resilience. Participants will be involved in a series of activities that will help them to build on and develop their existing skills in influencing and feeding back to teams, listening and responding to both the patient and staffs' perspective, and conveying the need for and developing tools for sustainable change.

Participants: This two-day course is aimed at Band 8 plus staff who undertake senior leadership positions within healthcare settings. It is suitable for professionals in directorate managerial and clinical services positions and for those who provide professional operational support to directorates.

The opposite table shows pre-and post-course responses to a series of questions relating to the course.

Participants on Developing Resilience for Change reported that the course had helped them achieve an increased understanding and appreciation of all the concepts associated with the course learning outcomes. After the course, one hundred percent of participants agreed that they had an increased understanding of role of verbal communication in the workplace (up from 62% pre-course); of the role of non-verbal communication in the workplace (up from 86%); and of the connection between self-care and patient care (up from 74%). Similarly, 99% of participants agreed that they had more strategies for resilience in the workplace (up from 74%, with a further 25% reporting neutral or negative pre-course responses); and of increased skills to challenge their colleagues, peers, and seniors (up from 74%, with a further 26% reporting neutral or negative pre-course responses).



vi) BECOMING A CONSULTANT: ESSENTIAL SKILLS FOR NEW CONSULTANTS

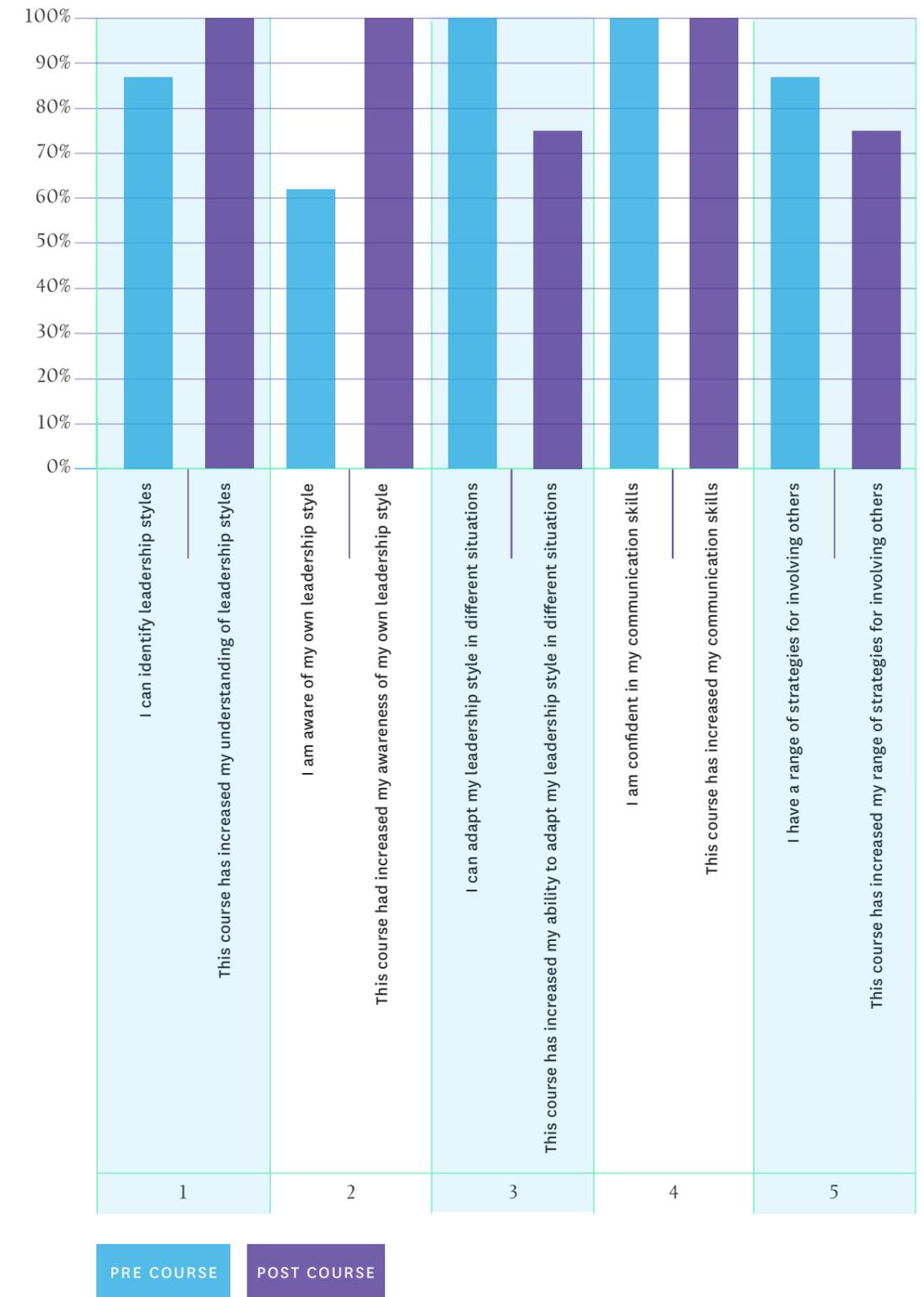
(BASED ON PRE N8 AND POST N4)

On this course new consultants will be able to identify the opportunities and challenges ahead and prepare for them, building resources and techniques to smooth their transition into this new role. In particular, the course will enable you to embrace your new responsibilities with confidence. You will explore ways of supporting your team and encouraging a culture of clear communication, and begin to develop strategies to enable you to make the switch from day-to-day work to strategic, bigger-picture thinking.

Participants: Medical – New Consultants

The opposite table shows pre- and post-course responses to a series of questions relating to the course.

Participants on Becoming a Consultant reported that the course had helped them achieve an increased understanding and appreciation of two of the primary course learning outcomes; three of the course learning outcomes were rated highly or very highly by participants at the start, and for those outcomes participants did not report an increased understanding as a result of the course. After the course, one hundred percent of participants agreed that they had an increased understanding of leadership styles (up from 87% pre-course) and an appreciation of their own leadership style (up from 62% who agreed and 38% who were neutral before the course). Prior to starting the course, one hundred percent of participants reported that they felt confident in their communication skills and had a very good understanding of how to adapt their own leadership style in different situations; 87% reported that they had a range of strategies for involving others. On these measures participants reported either no change, or that the course had not increased their already high levels of confidence or skills in those areas (100%, 75%, and 75% respectively).



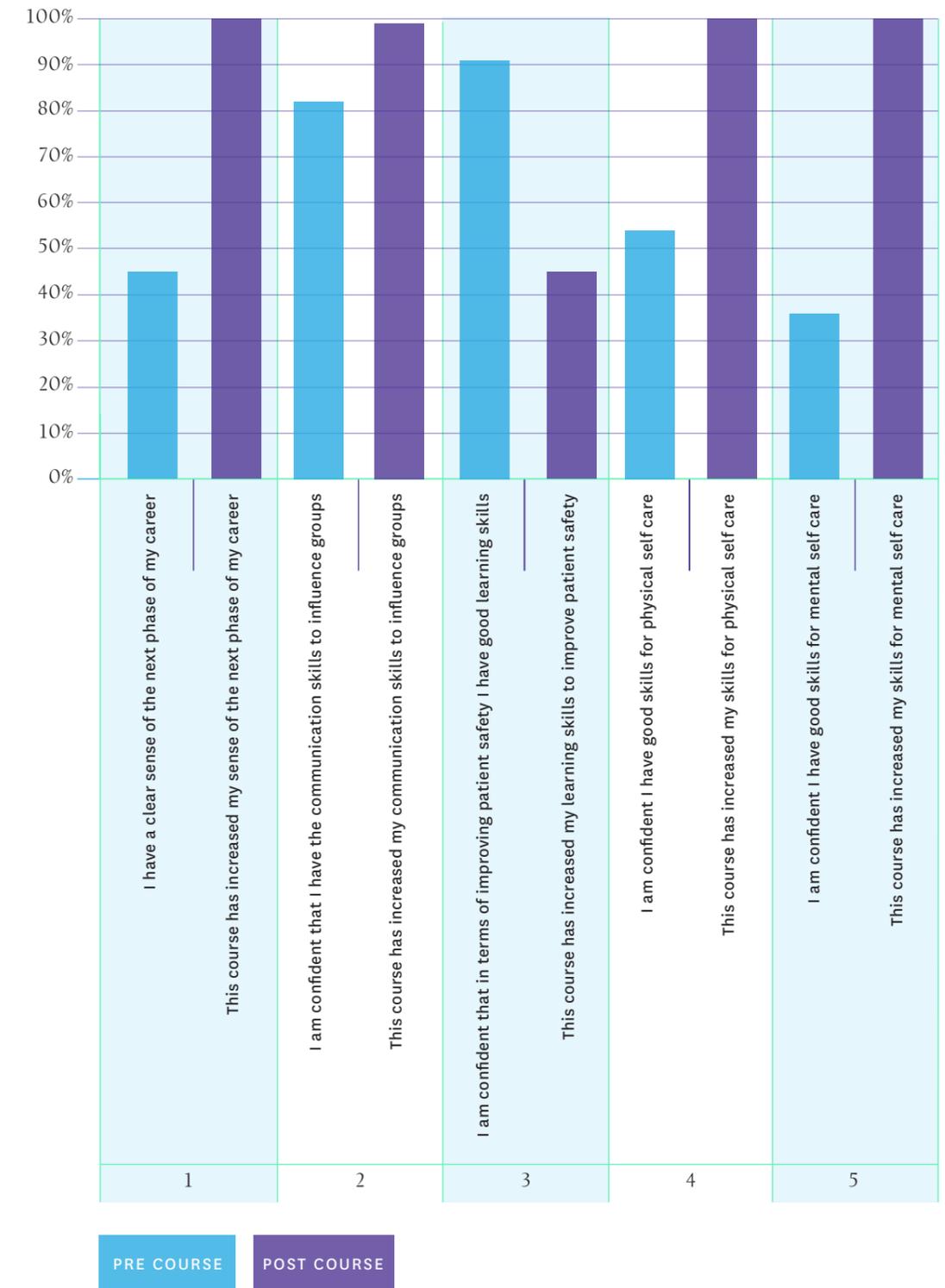
vii) A GUIDE FOR EXPERIENCED CONSULTANTS: REFRESH, REFOCUS, THRIVE  
(BASED ON PRE N11 AND POST N11)

This course is for well-established consultants, who are highly skilled at clinical care, used to managing a team, may have had a senior leadership role, have introduced new methodologies and treatments, and may have had national or international roles in specialist societies, colleges or journals. This course provides a unique opportunity to reflect, to reconnect with other consultants, and to reset your priorities going forward. Through a series of exercises, they explore strategies to cope with the physical and mental demands of their role, with ways to maintain enthusiasm, energy and vision for the next stage of your career. Focusing on skills of self-care and communication, they assess their priorities, values and vision to start to develop a map for the next phase of their practice.

Participants: Consultants - with over 10 years experience

The opposite table shows pre- and post-course responses to a series of questions relating to the course.

Participants on Experienced Consultants reported that the course had helped them achieve an increased understanding and appreciation of four of the primary course learning outcomes; one of the course learning outcomes was rated very highly by participants at the start, and so participants did not report an increase as a result of the course. After the course, one hundred percent of participants agreed that they had an increased sense of the next phase of their careers (up from 45%, with 54% reporting negative or neutral answers pre-course) and their own skills for physical self-care (up from 54% who agreed and 45% who gave negative or neutral pre-course responses) and mental self-care (up from 36% who agreed and 63% that gave negative or neutral pre-course responses). Similarly, 99% of participants reported that the course helped to increase their communication skills to influence others (up from 82%). Prior to starting the course, 91% of participants reported that they felt confident in their skills and ability to learn about patient safety; the course did not increase these already high levels of confidence for most participants (with only 45% of participants agreeing and 54% providing a neutral response).



viii) CARING WITH CARERS  
(BASED ON PRE N11 AND POST N11)

This course is aimed at supporting carers, and healthcare staff who work with carers, by bringing together two sets of expertise – professional and lived experience – in a supportive mutual learning environment that enables all participants to build their knowledge, skills and confidence.

Participants will be involved in a series of activities that will help them to build on and develop their existing skills in caring, educating, listening, responding to and influencing others.

Participants: Carers and healthcare staff who work with carers

The opposite table shows pre- and post-course responses to a series of questions relating to the course.

Participants on Caring with Carers reported that the course had helped them achieve an increased understanding and appreciation of three of the primary course learning outcomes; a further three of the course learning outcomes were rated very highly by participants at the start, and for those outcomes participants did not report an increased understanding as a result of the course. After the course, one hundred percent of participants agreed that they had an increased understanding of how to assess the needs of carers (up from 45% pre-course, with a further 54% reporting negative or neutral responses); of how to educate carers and patients in response to their individual needs (up from 64% pre-course, with a further 36% reporting negative or neutral responses); how to communicate effectively with carers (up from 73% pre-course, with a further 27% reporting negative or neutral responses). One hundred percent of participants felt like they understood the role of a carer as a partner in patient care, and were confident in their ability to encourage carers to be involved in care and decision making prior to starting the course. Similarly, 91% of participants reported that they understood how to care for themselves prior to the course. As such, they reported either no change, or that the course had not increased their already high levels of understanding or ability in those areas (100%, 91%, and 91% respectively).

